AI 35403

KNOX COUNTY PUBLIC SCHOOLS

200 DANIEL BOONE DRIVE • BARBOURVILLE, KENTUCKY 40906

WALTER T. HULETT, SUPERINTENDENT

Learning is Our Business
Student Success is our Passion

MAR 27 2008

March 26, 2008

KPDES Branch
Division of Water
Ms. Vickie Prather
14 Reilly Road
Frankfort, Kentucky 40601

Dear Ms. Prather,

Please find enclosed the permit application forms for Dewitt Elementary school. If there are any questions or concerns regarding the application please contact me at 606-627-4017 or my email address is floyd.blevins@knox.kyschools.us .

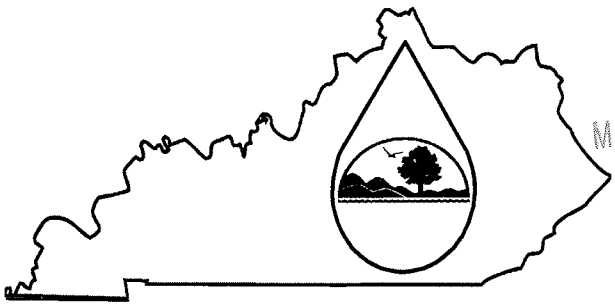
Thank you for your help and attention.

Sincerely,

Floyd Blevins
Plumber

KPDES FORM 1

35403



MAR 27 2008

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

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PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	7	4	1	8	7

A. Name of business, municipality, company, etc. requesting permit
KNOX COUNTY BOARD OF EDUCATION

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: DEWITT ELEMENTARY SCHOOL KDES #0074187	Facility Contact Name and Title: Mr. ☒ Ms. ☐ FLOYD D BLEVINS
Facility Location Address (i.e. street, road, etc., **not PO Box**): HWY 223	Mailing Address: 200 DANIEL BOONE DRIVE
Facility Location City, State, Zip Code: DEWITT KENTUCKY 40930	Mailing City, State, Zip Code: BARBOURVILLE KENTUCKY 40906
	Facility Contact Telephone Number: 606-546-3157 CELL 606-627-4017

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: SCHOOL

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	8211 Elementary and Secondary Schools		
Other SIC Codes:	N/A		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: KNOX	City where facility is located (if applicable):
C. Body of water receiving discharge: STINKING CREEK	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 52' 503'	Facility Site Longitude (degrees, minutes, seconds): 83 44' 082 Area? G.P.S.
E. Method used to obtain latitude & longitude (see instructions):	MAP
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
FLOYD D BLEVINS	606-546-3157
Operator Mailing Address (Street): 200 DANIEL BOONE DRIVE	
Operator Mailing Address (City, State, Zip Code): BARBOURVILLE KENTUCKY 40906	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: WW TRETMENT 1	Certification Number: 10099

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY 0074187		
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	FLOYD D BLEVINS
DMR Official Telephone Number:	606-546-3157

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	BECKMAN ENVIRONMENTAL
DMR Mailing Address:	4259 ARMSTRONG BLVD
DMR Mailing City, State, Zip Code:	BATAVIA OHIO 45103

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW	200

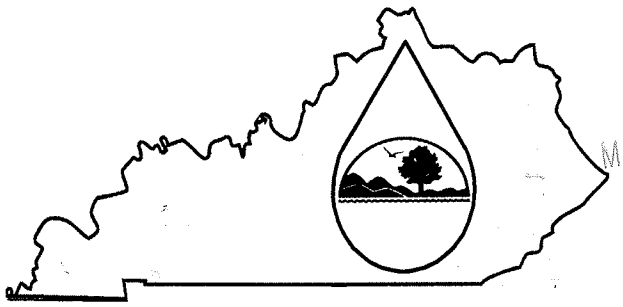
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ WALTER T HULETT SUPERINTENDENT	
SIGNATURE Walter T. Hulett	DATE: 3/25/08

KPDES FORM SC

AI 35403



MAR 27 2008

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: DEWITT ELEMENTARY SCHOOL

I. FACILITY DISCHARGE FREQUENCY | AGENCY USE

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? FIVE 5 DAYS A WEEK

II. A. Give the basis of design for sizing of the wastewater facility (see instructions): POPULATION FOR SCHOOL 215

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: .007 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	52	46	83	44	12	STINKING CREEK

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.): GPS

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	TREATMENT PLANT	.007	Activated Sludge	3-A
			Treatment by Plain Aeration	3M
			Disinfection Chlorin	2F
			Discharge to Surface water	4A

V. Check the type(s) of wastewater discharged.

☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste

☐ Noncontact cooling water ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ **Yes** ☐ **No**

VII. Discharge to other than surface waters. Check appropriate location:

☐ Publicly-owned lake or impoundment Name of lake:

☐ Publicly-owned treatment works (POTW). Name of POTW:

☐ Land application of Effluent

☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well

☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium		☐	Mercury		☐	Zinc	
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
ELEMENTARY SCHOOL	215
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5			
TOTAL SUSPENDED SOLIDS	See attached data		
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ WALTER T HULETT SUPERINTENDENT	
SIGNATURE: Walter T Hulett	DATE: 3/25/08

DEQ111

II. BASIC DISCHARGE DESCRIPTION (continued)

K Plant design data

Plant design flow:	mgd
Plant design 5-day BOD removal:	%
Plant design N removal:	%
Plant design P removal:	%
Plant design SS removal:	%
Plant began operation:	(year)
Plant last major revision:	(year)

K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	.007	.007	.006	.007	1/qtr		est
00400 pH Units			5.75	7.57	1/qtr	4	grab
74028 Temperature (winter) °F	55.76	55.76	52.52	59	1/qtr	2	grab
74027 Temperature (summer) °F	74.03	74.03	69.62	78.44	1/qtr	2	grab
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)				n/a			n/a
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				08	1/qtr	4	grab
74056 Total Coliform Bacteria Number/100 ml (Provide if available)				n/a			n/a
00310 BOD mg/l	<4.0	<4.0	<2.0	9.2	1/qtr	4	comp
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)	n/a						n/a
50060 Chlorine - Total Residual mg/l	0.355	0.355	09	1.2	1/qtr	4	grab
00500 Total Solids mg/l	n/a						n/a
70300 Total Dissolved Solids mg/l	n/a						n/a
00530 Total Suspended Solids mg/l	50.87	50.87	8.1	116.4	1/qtr	4	comp

DEWITT

II.L. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

PARAMETER AND CODE		INFLUENT	EFFLUENT					
		Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545	Settleable Matter (Residue) ml/l	n/a						n/a
00610 mg/l	Ammonia (as N)*	1.05	1.05	.01	1.7	1/qtr	4	comp
00625 mg/l	Kjeldahl Nitrogen*	n/a						n/a
00615 mg/l	Nitrite (as N)*	n/a						n/a
00620 mg/l	Nitrate (as N)*	n/a						n/a
00665 mg/l	Phosphorus Total (as P)*	n/a						n/a
00300 mg/l	Dissolved Oxygen (DO)		7.32	6.1	9.2	1/qtr	4	grab
01092 mg/l	Zinc - Total	n/a						n/a
00940 mg/l	Chloride	n/a						n/a
Hardness - Total (as $CaCO_3$) mg/l		n/a						n/a

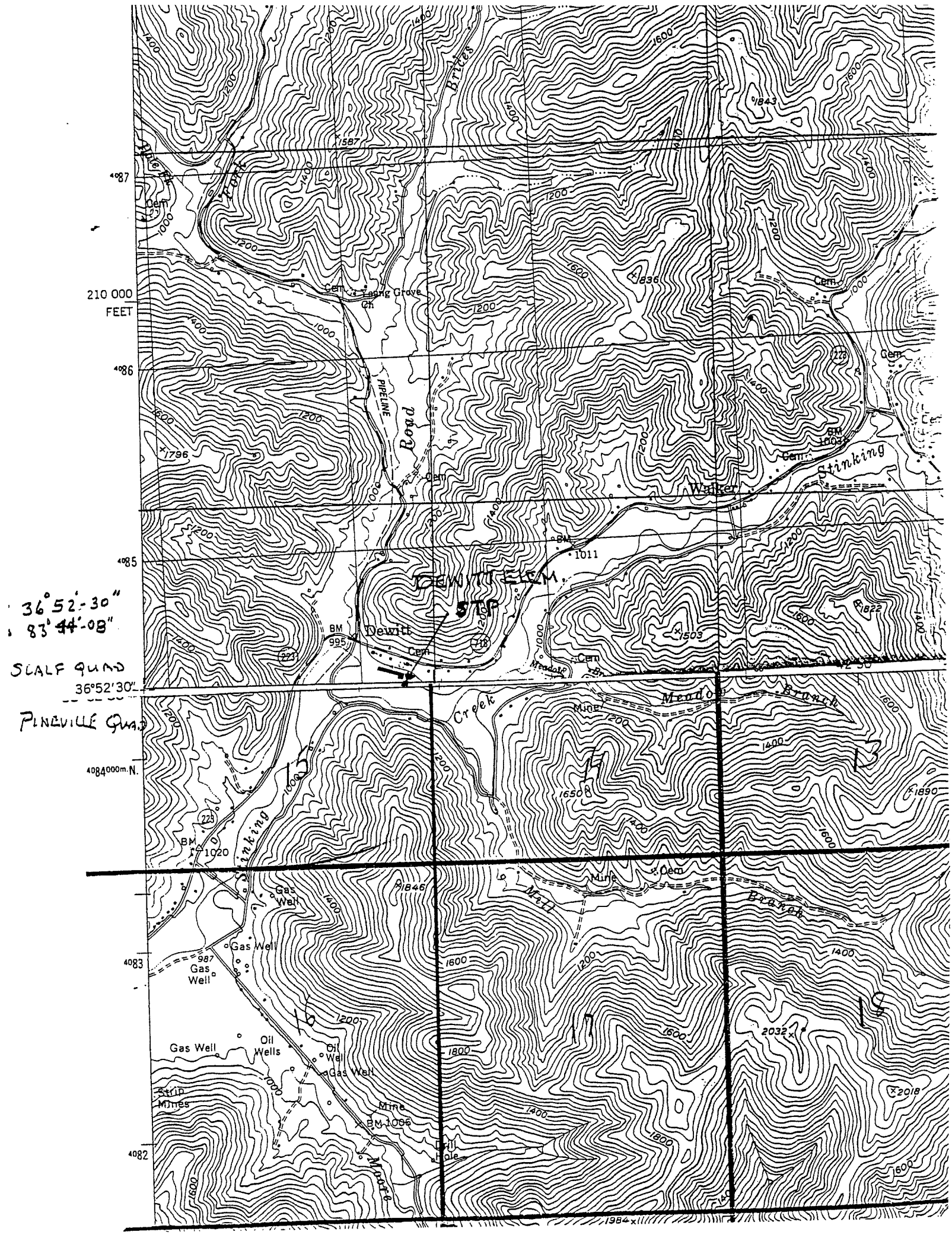
* Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

	PARAMETER (215)		PARAMETER (215)		PARAMETER (215)
☐	Bromide 71870	☐	Cobalt 01037	☐	Thallium 01059
☐	Cyanide 00720	☐	Chromium 01034	☐	Titanium 01152
☐	Fluoride 00951	☐	Copper 01042	☐	Tin 01102
☐	Sulfide 00745	☐	Iron 01045	☐	Algicides* 74051
☐	Aluminum 01105	☐	Lead 01051	☐	Chlorinated organic compounds* 74052
☐	Antimony 01097	☐	Manganese 01055	☐	Oil and grease 00550
☐	Arsenic 01002	☐	Mercury 71900	☐	Pesticides* 00550
☐	Beryllium 01012	☐	Molybdenum 01062	☐	Phenols 32730
☐	Barium 01007	☐	Nickel 01067	☐	Surfactants 38260
☐	Boron 01022	☐	Selenium 01147	☐	Radioactivity* 74050
☐	Cadmium 01027	☐	Silver 01077		

* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.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4087
4086
4085
4084000m.N.
4083
4082
Dewitt
Dewitt Cem.
STP
Walker
Walker Cem.
Stinking Creek
Meadow Branch
Meadow Branch Creek
Mine
Mine Cem.
Pipeline
Road
Young Grove Ch
Cem.
Gas Well
Oil Wells
Oil Well
Strip Mines
Mine
Mine Hole
BM 1011
BM 995
BM 1020
BM 1086
BM 1603
1587
1796
1503
1650
1836
1843
1822
1890
1846
2032
2018
1984
36°52'-30"
83°44'-08"
SCALF QUAD
36°52'30"
PINEVILLE QUAD